

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035894
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 551

Registrar's No. 253

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY

Henry County

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Windsor

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Windsor Community Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN Centerville, Mo.

d. STREET ADDRESS

(If outside, give location)

Centerville, Mo.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CARL V. FLEENER

4. DATE

Month

Day

Year

OF

DEATH

September 27th. 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐

8. DATE OF BIRTH

Sept. 16, 1879

9. AGE (last birthday)

84 yrs.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

11. BIRTHPLACE (City and state or country)

Beatrice, Nebraska

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Joseph Fleener

13b. MOTHER'S MAIDEN NAME

Elizabeth Jane "Unknown"

14. NAME OF HUSBAND OR WIFE

Mamie Fleener

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

no no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mr. John Fleener, Centerville, Mo.

Address

Centerville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Cardiovascular and Respiratory Collapse to three Cerebral Vascular Accident 28 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)

Chronic Renal Disease & Mild Uremia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-18-58

to 9-27-1963

and last saw him alive on 9-27-1963

Death occurred at

10:10 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Claude M. Thurber M.D.

22b. ADDRESS

M.D. Windsor, Missouri.

22c. DATE SIGNED

9-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-30-1963

23c. NAME OF CEMETERY OR CREMATORY

Mineral Creek Cemetery

23d. LOCATION (City, town, or county)

Leeton, Missouri

24. FUNERAL DIRECTOR

The Brauningers, Warrensburg, Mo.

ADDRESS

Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

OCT. 7, 1963

26. REGISTRAR'S SIGNATURE

Mildred Biggers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. P. Brainerd

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.